

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/17/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445272</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/13/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>MABRY HEALTH CARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1340 N GRUNDY QUARLES HWY P O BOX 7</b> <b>GAINESBORO, TN 38562</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 162	<p>Complaint investigation #39769 and #39797 were completed at Mabry Healthcare on 10/13/16. Deficiencies were cited in relation to the complaint #39797 under 42 CFR PART 483, Requirements for Long Term Care Facilities. A deficiency was cited unrelated to the complaints.</p> <p>483.10(c)(8) LIMITATION ON CHARGES TO PERSONAL FUNDS</p> <p>The facility may not impose a charge against the personal funds of a resident for any item or services for which payment is made under Medicaid or Medicare (except for applicable deductible and coinsurance amounts). The facility may charge the resident for requested services that are more expensive than or in excess of covered services in accordance with §489.32 of this chapter.</p> <p>(This does not affect the prohibition on facility charges for items and services for which Medicaid has paid. See §447.15, which limits participation in the Medicaid program to providers who accept, as payment in full, Medicaid payment plus any deductible, coinsurance, or copayment required by the plan to be paid by the individual.)</p> <p>During the course of a covered Medicare or Medicaid stay, facilities may not charge a resident for the following categories of items and services: Nursing services as required at §483.30 of this subpart. Dietary services as required at §483.35 of this subpart. An activities program as required at §483.15(f) of this subpart. Room/bed maintenance services.</p>	F 162	<p>Step 1 and 2:</p> <p>1) On 10-14-2016 Full audit was conducted by Director of Nursing and Business staff starting 3/1 /2016 ending 9/30/2016 of all residents' trust funds. (Approximately 58 total residents monthly)</p> <p>2) Total of twenty one residents charged for haircuts paid by trust fund accounts to pay for services.</p> <p>10-15-2016 Business office staff completed a memo regarding reimbursement for haircuts to the twenty one residents that were affected. Business office staff will complete reimbursements for all refunds by November 14, 2016 into trust fund accounts.</p> <p>For those residents that have been discharged Business office staff will issue a memo stating reason for reimbursements along with a check amount to the responsible party, this will also be completed on 11-14-2016</p>	F 162	11/14/2016

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Kathleen M. Graves*

TITLE

*Adm*

(X6) DATE

*11/14/16*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 162	Continued From page 1  Routine personal hygiene items and services as required to meet the needs of residents, including, but not limited to, hair hygiene supplies, comb, brush, bath soap, disinfecting soaps or specialized cleansing agents when indicated to treat special skin problems or to fight infection, razor, shaving cream, toothbrush, toothpaste, denture adhesive, denture cleaner, dental floss, moisturizing lotion, tissues, cotton balls, cotton swabs, deodorant, incontinence care and supplies, sanitary napkins and related supplies, towels, washcloths, hospital gowns, over the counter drugs, hair and nail hygiene services, bathing, and basic personal laundry. Medically-related social services as required at §483.15(g) of this subpart.  Listed below are general categories and examples of items and services that the facility may charge to residents' funds if they are requested by a resident, if the facility informs the resident that there will be a charge, and if payment is not made by Medicare or Medicaid: Telephone. Television/radio for personal use. Personal comfort items, including smoking materials, notions and novelties, and confections. Cosmetic and grooming items and services in excess of those for which payment is made under Medicaid or Medicare. Personal clothing. Personal reading matter. Gifts purchased on behalf of a resident. Flowers and plants. Social events and entertainment offered outside the scope of the activities program, provided under §483.15(f) of this subpart. Noncovered special care services such as	F 162	Step 3: (a) October 14, 2016 Administrator completed in-service to billing department and Beauty shop staff that the facility will not charge residents the following services related to beauty shop services rendered: Any haircuts or shampoos for both men and women. Residents will be charged for Perms, style/sets and colors. This is only for the Medicaid and Medicare stay residents. (b) October 14, 2016 New Beauty shop contact resident form was implemented for use in the admission contract forms. See Attached F 162 form  Step 4: (a) The billing department and beauty shop staff will submit resident services rendered log before payment is granted to the beauty shop staff. (b) Billing staff will submit payment records indicating facility payment or resident payment to the IDT committee monthly for 3 months.		

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privately hired nurses or aides.  
Private room, except when therapeutically  
required (for example, isolation for infection  
control).  
Specially prepared or alternative food requested  
instead of the food generally prepared by the  
facility, as required by §483.35 of this subpart.

The facility must not charge a resident (or his or  
her representative) for any item or service not  
requested by the resident. The facility must not  
require a resident (or his or her representative) to  
request any item or services as a condition of  
admission or continued stay. The facility must  
inform the resident (or his or her representative)  
requesting an item or service for which a charge  
will be made that there will be a charge for the  
item or service and what the charge will be.

This REQUIREMENT is not met as evidenced  
by:

Based on review of the facility admission  
contract, review of the Beauty Shop charge form,  
review of the beauty shop documentation, review  
of the resident fund beauty shop charges, and  
interview, the facility failed to furnish haircuts at  
no charge to 21 (Resident #5, 6, 7, 9, 10, 11, 13,  
14, 15, 18, 19, 20, 21, 22, 23, 24, 25, 27, 29, 30,  
31) of 21 residents reviewed receiving haircuts.

The findings included:

Review of the facility admission contract revealed  
"...Beauty Shop Consent...I understand the facility  
will provide Medicaid residents basic barber and  
beauty services, which includes haircuts,  
shampoos, and shaves free of charge by facility  
staff; however, the facility staff may or may not be

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a licensed beautician and/or barber. If the resident or responsible party request that a licensed beautician and/or barber provide services, a fee will be collected at his/her expense..."

Review of the Beauty Shop charge form, to be signed by the resident or responsible party, revealed "...Cut, Style & [and] Set...\$7.00...Men's Hair Cut...\$5.00..."

Review of the Beauty Shop documentation and review of the charges for haircuts to the resident fund account, for residents with Medicare and/or Medicaid, revealed the participating residents were charged for haircuts as followed:

Resident #5 received a haircut on 5/5/16. The haircut was paid from the resident fund account.  
Resident #6 received haircuts on 4/28/16, 6/14/16, 7/21/16, 8/4/16, 9/1/16, and 9/28/16. The haircut was paid from the resident fund account.  
Resident #7 received a haircut on 5/12/16. The haircut was paid from the resident fund account.  
Resident #9 received a haircut on 5/31/16. The haircut was paid from the resident fund account.  
Resident #10 received a haircut on 5/12/16. The haircut was paid from the resident fund account.  
Resident #11 received haircuts on 5/5/16 and 7/7/16. The haircut was paid from the resident fund account.

Resident #13 received a haircut on 9/20/16. The haircut was paid from the resident fund account.  
Resident #15 received a haircut on 7/12/16. The haircut was paid from the resident fund account.  
Resident #18 received a haircut on 4/19/16. The haircut was paid from the resident fund account.  
Resident #19 received haircuts on 3/31/16, 5/31/16, and 9/1/16. The haircut was paid from the resident fund account.

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F 162	Continued From page 4  Resident #20 received a haircut on 6/9/16. The haircut was paid from the resident fund account. Resident #21 received haircuts on 5/5/16 and 6/23/16. The haircut was paid from the resident fund account. Resident #22 received haircuts on 3/8/16, 5/31/16, 7/26/16 and 9/20/16. The haircut was paid from the resident fund account. Further review revealed a haircut on 3/31/16 was paid by a check. Resident #23 received a haircut on 7/26/16. The haircut was paid from the resident fund account. Resident #24 received haircuts on 3/22/16, 6/14/16, 7/21/16, and 9/28/16. The haircut was paid from the resident fund account. Resident #25 received haircuts on 6/9/16 and 9/15/16. The haircut was paid from the resident fund account. Resident #27 received a haircut on 3/31/16. The haircut was paid from the resident fund account. Resident #29 received haircuts on 4/14/16 and 6/9/16. The haircut was paid from the resident fund account. Resident #30 received haircuts on 7/7/16 and 8/9/16. The haircut was paid from the resident fund account. Resident #31 received a haircut on 7/26/16. The haircut was paid from the resident fund account.  Interview with the Business Office Manger, "...employed since 2007...", and the Billing staff member #1, "...employed for 15 years...", on 10/11/16 at 1:20 PM in the business office revealed "...the men in the facility received 1 free haircut monthly but the women were charged for the haircuts...ever since I've been here..."  Interview with the Business Officer Manager on 10/12/16 from 8:30 AM to 9:30 AM in the	F 162			

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F 162

Assistant Director of Nursing office, after reviewing the resident fund charges for haircuts, confirmed the facility had charged the resident fund account, and/or accepted a check for the haircuts received by residents on Medicare and/or Medicaid.

F 356 483.30(e) POSTED NURSE STAFFING  
SS=C INFORMATION

F 356

F 356

10/15/2016

The facility must post the following information on a daily basis:

- o Facility name.
- o The current date.
- o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:
  - Registered nurses.
  - Licensed practical nurses or licensed vocational nurses (as defined under State law).
  - Certified nurse aides.
- o Resident census.

The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:

- o Clear and readable format.
- o In a prominent place readily accessible to residents and visitors.

The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.

The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.

Step 1 and 2:

No residents were harmed related Facility not posting nursing staff information.

Step 3:

- (a) October 15, 2016 Director of Nursing implemented the Posting of nursing staff Information in the front office for all visitors, residents and staff to view.
  - (b) October 15, 2016 Director of Nursing completed In-service training to all nursing staff, business departments - that this information will be completed and updated daily by Director of Nursing and/RN on duty.
  - (c) This information will be posted on the attached form and displayed daily.
- See attached F 356

Step 4:

- (a) Director of Nursing and/or RN on duty will check log daily and update as needed.
- (b) The Director of nursing will submit the Posting forms weekly for four weeks to the IDT committee for review and compliance.

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F 356	Continued From page 6	F 356			
	<p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to post the current nurse staffing information in a prominent place readily accessible to residents and visitors during 2 days of the survey.</p> <p>The findings included:</p> <p>Observation upon entering the facility on 10/5/16 at 11:30 PM and on 10/6/16 at 7:45 AM revealed the nurse staffing information was not posted in a prominent place readily accessible to residents and visitors.</p> <p>Interview with Director of Nursing on 10/6/16 at 12:15 AM at the C Hall Nurses Station confirmed the nurse staffing information was not posted in a prominent place readily accessible to residents and visitors.</p>				